AUTHORIZATION FORM

Dear Haddonfield Child Care:

I hereby grant the following rights to _____ in program matters
Print Name of Designate

relating to my child, _____ . Please initial all that are applicable:
Print Name of Child

___ Sign child in/out of the program

___ Share the following information:

- ___ Behavioral issues
- ___ Medical/accident
- ___ Emotional concerns
- ___ Other _____

___ Sign authorizations or documents

___ Designate alternate person to sign child out of program

___ Authorize medical treatment or medical procedures in an emergency

___ Other _____

This permission will remain in effect to the end of the current school year, unless I rescind it, in writing, to the HCC office.

_____ _____
Signature of Parent/Legal Guardian Date